



PATIENT BILLING SERVICES
NUVO DENTAL
P.O. BOX 1269
COLUMBUS, OH 43216

RETURN SERVICE REQUESTED

FRIENDLY REMINDER

0-0-0 PERSONAL AND CONFIDENTIAL 889556
Fred Rings
P.O. Box 26390
Concord, MA 01742

VISA   DISCOVER		11/16/2021
CARD NUMBER		
SIGNATURE		EXP DATE
CARDHOLDER NAME		CVV2 NUMBER
CHARGE AMOUNT	AMOUNT DUE \$ 100.00	ACCOUNT NUMBER SAMP5

REMIT PAYMENT DIRECTLY TO :

PLEASE INCLUDE TOP PORTION WITH YOUR PAYMENT

Dear Fred Rings,

As a valued patient, you deserve the highest quality of care. We believe that extends to every part of your experience, from appointment scheduling to comfortable treatment and ease of payment.

That's why we wanted to reach out to share your account status. Our records indicate you currently have a balance of **\$100.00** for services provided through **11/1/2021**. This balance is the patient responsible amount due after any insurance or credits have been applied. We offer various payment options, so you can choose what's right for you:

1. Pay by mail with check or credit card and the top portion of this notice.
2. Pay by phone by calling **(510) 400-5080**.

If you have any concerns or feel this notice is in error, please contact us so we can resolve and update your account. If you've already remitted payment, kindly disregard this reminder.

To maintain our focus on quality care, accounts past due are automatically forwarded to Tek-Collect, Inc. Audit Department for review and next steps. This action may result in additional fees. Simply remit payment within **15 days** of this notice to resolve your account in our system and avoid further contacts.

Thank you for your payment! We look forward to continuing your optimal care.

Respectfully,

YOUR
LOGO
HERE!

BUSINESS OFFICE
PO BOX 1269
COLUMBUS, OH 43216

TekCollect Audit Department

866.652.6500

CURRENT DATE

CREDITOR: CREDITOR NAME
REFERENCE: 125437

PERSONAL AND
CONFIDENTIAL

357127

DEBTOR NAME
DEBTOR ADDRESS
DEBTOR CITY, STATE 00000-0000

Return Service
Requested

MAKE PAYMENT DIRECTLY TO:

CREDITOR NAME
CREDITOR ADDRESS
CREDITOR CITY, STATE 00000-0000

TERMS: PAYMENT OF BALANCE IN FULL UPON RECEIPT OF THIS STATEMENT

AMOUNT DUE



\$ 567.00

PLEASE ENCLOSE THIS STATEMENT WITH YOUR PAYMENT FOR PROPER CREDIT

BALANCE VERIFICATION

TekCollect is conducting an account review to verify the accounts receivable balances for:

Creditor: Creditor Name
Creditor Address
Creditor City, State, 00000-0000

According to our client's records, your account reflects a balance of: \$567.00

If payment has been recently remitted, kindly disregard this notice. Our client will update their records upon receipt and looks forward to continuing to best serve your needs.

If you feel the balance is incorrect, you'd like to make payment arrangements, or you have any additional questions, please contact our client at (Creditor address) for prompt assistance.

If the outstanding amount indicated is correct, please sign this balance verification notice and return it to TekCollect's Audit Department at the address shown above. Then, please remit your payment to our client in the enclosed envelope to ensure immediate account reconciliation.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office within 30 days from receiving this notice that the debt, or any portion thereof, is disputed, this office will obtain verification of the debt or a copy of a judgment and mail you a copy of such judgment or verification. If you request in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Thank you for your attention and prompt response.

I verify the balance as correct: _____

TekCollect is a debt collector and any information obtained will be used for that purpose.

BUSINESS OFFICE
P.O. BOX 1269
COLUMBUS, OH 43216
RETURN SERVICE REQUESTED

Creditor: Retail - Test Account
Reference: SAMP5

AMOUNT DUE **\$100.00**

2/21/2013

PERSONAL AND CONFIDENTIAL 889556

Fred Rings
P.O. Box 26390
Columbus, OH 43226

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REMIT PAYMENT DIRECTLY TO:

Retail - Test Account
961 Tamarack Dr
Box 20010
Jasper, GA 30143

PLEASE REMIT THIS PORTION WITH YOUR PAYMENT

Creditor:	Retail - Test Account	Amount Due:	\$100.00
Reference:	SAMP5		
Phone:	3522337797		

TAKE NOTICE: If payment has not been made on the above referenced obligation, then return this document with your payment payable to your creditor as shown above. If you have already made payment, please advise TekCollect immediately to cease further action.

YOU ARE HEREBY NOTIFIED THAT THE OBLIGATION SHOWN ABOVE REMAINS OUTSTANDING AND OUR ATTEMPTS TO RESOLVE THIS MATTER AMICABLY HAVE BEEN IGNORED. YOUR CREDITOR HAS PROVIDED US WITH THE AUTHORITY TO PURSUE THIS DEBT WITH ALL PROPER REMEDIES.

IF THERE IS A VALID REASON WHY YOU HAVE NOT PAID THIS DEBT, OR IF THERE SHOULD BE ADJUSTMENTS MADE TO THE AMOUNT CLAIMED, PLEASE CONTACT OUR OFFICE AT THE TELEPHONE NUMBER PROVIDED ABOVE. OTHERWISE, THE COLLECTION PROCESS WILL PROCEED.

* TEK-COLLECT IS A DEBT COLLECTOR ATTEMPTING TO COLLECT A *
* DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT *
* PURPOSE. *

IF YOUR PAYMENT IS NOT RECEIVED, ADDITIONAL COLLECTION ACTION WILL CONTINUE. PLEASE GOVERN YOURSELF ACCORDINGLY.



**REGIONAL
COLLECTION
OFFICE DIVISION**

**COLLECTION
DEMAND**

BUSINESS OFFICE
P.O. BOX 1269
COLUMBUS, OH 43216
RETURN SERVICE REQUESTED

TekCollect

Credit Reporting Division

Creditor: Retail - Test Account
Reference: SAMP5

Balance Due: \$100.00

2/21/2013

PERSONAL AND CONFIDENTIAL 889556

Fred Rings
P.O. Box 26390
Columbus, OH 43226

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REMIT PAYMENT DIRECTLY TO:

Retail - Test Account
961 Tamarack Dr
Box 20010
Jasper, GA 30143

Creditor:	Retail - Test Account	Amount Due:	\$100.00
Reference:	SAMP5		
Phone:	3522337797		

TEKCOLLECT IS A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

IMPORTANT: YOUR FAILURE TO RESPOND TO OUR REPEATED REQUESTS FOR PAYMENT OF THE ABOVE OBLIGATION REQUIRES YOUR CREDITOR TO CONSIDER ALTERNATIVES.

PLEASE BE ADVISED THAT YOUR NAME AND THE AMOUNT YOU OWE MAY BE DISSEMINATED AND REPORTED, UNDER THE LAWS CONTROLLING THE PUBLICATION OF CREDIT INFORMATION, TO THOSE WHO HAVE A LEGITIMATE BUSINESS NEED.

YOUR CREDIT STANDING CAN BE MAINTAINED BY ENCLOSING THIS COMMUNICATION WITH YOUR REMITTANCE OR BY MAKING PAYMENT ARRANGEMENTS. NEGLIGENCE RUINS MORE CREDIT THAN DISHONESTY.

UNDER FEDERAL LAW YOU HAVE THE RIGHT TO A DISCLOSURE OF ALL INFORMATION REPORTED AND A RIGHT TO DISPUTE THE ACCURACY AND COMPLETENESS OF SUCH INFORMATION.

D.A. SCHULTZ
CREDIT REPORTING DIVISION
TEK-COLLECT, INC.
P.O. BOX 1269
COLUMBUS, OH 43216
(866) 617-4933

BUSINESS OFFICE
P.O. BOX 1269
COLUMBUS, OH 43216

RETURN SERVICE REQUESTED

TekCollect
Phone: (866) 617-4933

FINAL NOTICE

2/21/2013
PERSONAL AND CONFIDENTIAL 889556
Fred Rings
P.O. Box 26390
Columbus, OH 43226



REMIT PAYMENT DIRECTLY TO:

Retail - Test Account
961 Tamarack Dr
Box 20010
Jasper, GA 30143

Amount Due: \$100.00	Reference: SAMP5
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FINAL NOTICE TO DEBTOR

Creditor: Retail - Test Account	Amount Due: \$100.00
Reference: SAMP5	
Phone: 3522337797	

Tek-Collect is a debt collector attempting to collect a debt and any information obtained will be used for that purpose.

YOUR CREDITOR: Retail - Test Account
961 Tamarack Dr
Jasper, GA 30143

Our client's records indicate that you have an outstanding balance of:

AMOUNT DUE: \$100.00

**ALL PREVIOUS EFFORTS SEEKING A CONCLUSION TO THIS DELINQUENCY
HAVE APPARENTLY BEEN IN VAIN**

We are obligated to our client to use our best efforts to collect this account, to the extent permitted by the Fair Debt Collection Practices Act (Public Law 95-109).

**IF YOU FAIL TO RESOLVE THIS DEBT, YOU WILL BE REPORTED TO THE CREDIT BUREAUS,
AND YOUR CREDIT RECORD WILL BE NEGATIVELY AFFECTED
FOR UP TO 7 YEARS.**

Your response to this situation is now required. Further delay will result in consequences, of which you have been informed.

Return this letter in the enclosed return envelope to send your payment. This will ensure accurate application to your account.

Heidrick & Williams
attorneys & counselors at law
9876 Elm Avenue, City, State 00000

PARTNERS

James Heidrick
John Q. Jones
Peter A. Williams

David L. Smith
5050 Broad Street
City, State 00000

RE: Creditor
CREDITOR NAME
CREDITOR ADDRESS
City, State 00000

Amount Due: 100.00

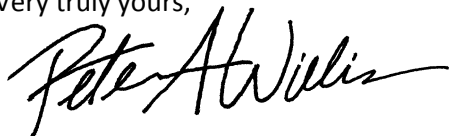
Mr. Smith:

Your creditor has notified us that although duly demanded on numerous occasions, the above referenced obligation remains unpaid. We have therefore been authorized to proceed using all available legal means necessary to collect this debt.

Your continued refusal or neglect to pay this lawful obligation promptly may result in immediate court action against you for the full amount due, in addition to court costs, interest and all other charges allowed by law. When suit is filed, the proceeding will become a matter of public record and will be published in your local legal newspaper. These newspapers are carefully examined by credit reporting agencies, banks and other institutions that grant credit.

We urge you to avoid the expense of litigation by making immediate restitution in full to our client. Please enclose this letter with your check to receive proper credit.

Very truly yours,



Peter A Williams
Attorney at Law